

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>1</u>	<u>02, 05, 2018</u>	<u>11TOP GUAM</u>
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint			RATING	<u>11:10 AM</u>	<u>11:40 AM</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	LOCATION (Address)
Other:				<u>170001673</u>	<u>LOT 2145 - REM-5</u> <u>#341 CHALAN SAN ANTONIO, UNIT A, TAMUNING</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
<u>RESTAURANT</u>			<u>7</u>	<u>969-4467</u>	<u>0</u>
					No. of Repeat Risk Factor/Intervention Violations
					<u>0</u>
					RISK CATEGORY
					<u>3</u>

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="checkbox"/>	IN	OUT	N/A	N/O	Hands clean and properly washed
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
<b>Approved Source</b>						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/>	IN	OUT	N/A	Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/>	IN	OUT	N/A	N/O	Proper date marking and disposition
<b>Consumer Advisory</b>						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
<b>Chemical</b>						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:	Follow-up (Circle one):
<u>KIRBY GABO</u>	<u>2-5-18</u>	YES <input checked="" type="radio"/> NO <input type="radio"/>
DEH Inspector (Print and Sign)		Follow-up Date
<u>K. DEL MUNDO</u>	<u>L. NAVARRO</u>	<u>N/A</u>

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IHOP GUAM

LOT 2145 REM-5, 341 CHALAN SAN ANTONIO, TAMUNING

INSPECTION DATE  
02, 05, 2018

TARY PERMIT NO  
170001673

PACIFIC PANCAKES, LLC

## Item/Location

Temperature (° F)

Item/Location

Temperature (° F)

### OBSERVATIONS AND CORRECTIVE ACTIONS

**CORRECT  
BY DATE**

AN INSPECTION WAS CONDUCTED TODAY AS A FOLLOW-UP TO AN INSPECTION CONDUCTED ON 01/24/18 WHICH RESULTED IN 25/C.

THE FOLLOWING VIOLATIONS WERE CORRECTED =

#6, 14, 21, 34, 35, 38, ~~45~~<sub>70</sub>, 52, AND 53.

ITEM NO. 46- WORK ORDER HAS BEEN SUBMITTED FOR NEW GASKETS. ONCE  
INSTALLED, PIC WILL PROVIDE PICTURES.

REMOVED "C" PLACARD NO. 01215 PLACED ON WALL  
ISSUED "A" PLACARD NO. 02118 PLACED ON WALL BEHIND CASHIER.

BRIEFED PIC, KIRBY GABO, ON ABOVE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Kirby Coabq

Date: \_\_\_\_\_

2-5-18

DEH Inspector (Print and Sign) K. DEL MUNDO / L. NAVARRO

Date: \_\_\_\_\_

02/05/18

# RE-INSPECTION REQUEST

TO: Division of Environmental, DPHSS  
Facsimile No. (671) 734-5556 or (671) 300-9577

FROM: IHOP GUAM  
ESTABLISHMENT NAME

PACIFIC PANCAKES, LLC  
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 01/24/18 by K. DEL MUNDO / L. NAVARRO  
Date Name of EPHO Inspector

resulting a letter grade of 25 / C I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
6.	STAFF HAS BEEN PROPERLY TRAINED ON HANDWASHING PROCEDURES AND GLOVE CHANGING EVERY AFTER TASK TO PREVENT CROSS CONTAMINATION.
13.	RE POSITIONED WAFFLE IRONS AWAY FROM POSSIBLE CONTAMINATION. BEEF, CHICKEN, & PORK WAS SEPARATED FROM OTHER PRODUCTS TO PREVENT CROSS CONTAMINATION.
14.	ALL CUTTING BOARDS HAVE BEEN RESURFACED & SANITIZED.
19.	ENSURED STEAM WELL FOR SAUCES DEOTES FIVE PERCENT TEMPERATURES TO MAINTAIN HOLDING TEMPERATURES. BALCONY SAUSAGES PLACED IN SEPARATE PAILS ABOVE FLAT TOP TO ACHIEVE PROPER INTERNAL TEMPERATURE MET.
20.	REACH IN CHILLED TO BE CONSTANTLY CLOSED WHEN NOT IN USE AND PLACED KEYS TO REACH PROPER TEMPERATURES WHICH IS REPLACED EVERY TWO HOURS.
21.	ALL ITEMS LABELED & UPDATED.
34.	TRAINED & INFORMED STAFF ON LABEL KNOWLEDGE
35.	CONTACTED PESTEX FOR ADDITIONAL SERVICES FOR PEST CONTROL. BECAUSE OF INJURED DOOR SWEEP ON BACK DOOR TO PREVENT ENTRY OF PESTS.
36.	TRAINED STAFF TO ELEVATE ALL FOOD ITEMS ABOVE 6 INCHES FROM FLOOR AND TO COVER ICE COOLERS AT ALL TIMES.
38.	TRAINED STAFF TO STORE WIPING CLOTHS IN PROPERLY Labeled SANITIZING SOLUTION WHEN NOT IN USE AND TO CHANGE SOLUTION EVERY TWO HOURS OR WHEN VISIBLY DIRTY. CALIBRATED THE SANITIZING SOLUTION.
41.	TRAINED DISHWASHER ON HOLDING CLEANED UTENSILS USING THE UTENSIL RACK HAVING THE UTENSILS FACE DOWN.
46.	SPARE HAVE BEEN DISINFECTED AND PARTS HAVE BEEN ORIENTED TO PREVENT BROKEN ONES. PREP TABLES, CHILLERS AND EQUIPMENT HAVE BEEN SANITIZED DETAILED TO PREVENT CROSS CONTAMINATION.
52.	WALL HAS BEEN REPAIRED AND SEALED.

I am requesting a re-inspection of this establishment on 1/31/18 at 1 PM or at your earliest convenience.

If you should have any questions, please call me at 486-2337. Thank you.

Sam Arce  
PRINT NAME

[Signature]  
SIGNATURE

1/31/18  
DATE

Revised: 07/12/17

Spoke to Richard 02/01/18 1-2 PM  
01/31/18 @ 12:45 PM



## JS TECHNICAL SERVICES

P.O. BOX 22475  
BARRIGADA, GUAM, 96921  
(671)482-3493  
jjsantos5@yahoo.com

## Invoice

Invoice No: 1825  
Date: 01/31/2018  
Terms: NET 7  
Due Date: 02/07/2018

Bill To: IHOP GUAM  
kgabo@ihopguam.com

Description	Quantity	Rate	Amount
DOOR GASKET FOR WALK-IN CHILLER	1	\$92.00	\$92.00
DOOR GASKET FOR REACH-IN COUNTER CHILLER	1	\$65.00	\$65.00
UPS IMMEDIATE SHIPPING	1	\$105.00	\$105.00
	Subtotal		\$262.00
	Total		\$262.00
	PAID		\$0.00
	Balance Due		\$262.00

### Comments

THANK YOU FOR YOUR BUSINESS